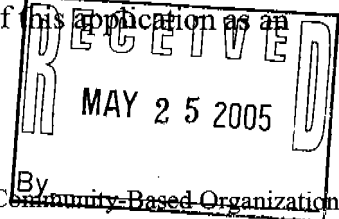


MICHIGAN DEPARTMENT OF EDUCATION

SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.



CHECK THE APPROPRIATE BOX:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For Profit Company | <input type="checkbox"/> Local School District | <input type="checkbox"/> By <u>Community-Based Organization</u> |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity Sylvan Learning Center - Saginaw

Name of Director Karen A. Bila

Address 3913 Bay Road City Saginaw State MI Zip 48603

Phone (989) 791-0088 Fax (989) 791-8183 Email Sylvansaginaw@chartermi.net

Proposed Location of Services (if different from above):

Address _____ City _____ State _____ Zip _____

If different from Director:

Name of Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Saginaw County

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: 3913 Bay Road, Saginaw, MI 48603

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:

Parents/Guardians are responsible for transportation to the center.

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes ☐ No ☒

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Reading and Math

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K-12

3. Time of Services – Indicate when you deliver services to students:

☐ Before School ☒ After School ☐ Weekends ☒ Summer ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring ☐ Small Group Instruction ☐ Large Group Instruction
☐ Online Web-Based ☒ Other Individualized programs conducted in small groups

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 1 hour Number of Sessions per Week 2-6

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☐ Paraprofessionals ☐ Volunteers ☐ Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

☐ Special Education ☐ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

☐ \$40 per 1 hour (unit of time, e.g., hour, week, etc.) per student.

☐ \$_____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.